

Year:

Semester:

Name:

Student ID:

| Course Code | Course Name | Instructor Name |
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*(Dropping or withdrawing from courses could affect your financial aid; it is advised that you talk to your advisor or a representative of financial aid before proceeding.)*

Student Signature:

Date:

Once complete, email to [admissions@eacc.edu](mailto:admissions@eacc.edu) from your @eacc.edu student email address.